

TRAFFIC INCIDENT REPORT IN CONSTRUCTION WORK ZONES

Division personnel contacted concerning this incident:

Investigating Officer on Scene:

Project Personnel knowledgeable of this incident:

Project Name:

Project Number:

Project Location:

County:

Date/Time of Incident:

Name of Driver of Vehicle 1:

Name of Driver of Vehicle 2:

Number of Vehicles involved:

Contractor's Equipment Involved?

Contractor's Name:

Contractor's Employees Injured:

Number of Employees Injured:

State's Equipment involved:

State Equipment Number:

Brief Description of Incident:

Time Traffic Control was checked and Evaluator:

Comments regarding on-site Traffic Control:

Recommendation for Corrective Action:

Roadway Conditions:

Weather and Light Conditions:

Photos Taken:

Attachments:

Send Completed Form to Division Office Attention To: Joe Chance or Nancy McMillan